



Visceral Solutions, Inc

Providing Employer Administration Resources

Employee Status Change Form

Employee Name: _____ Company Name: _____

Status Change Effective Date: _____ * *Note- please include NEW information ONLY*

Name, Address or Contact Information:

Address: _____

Name: _____

City, State: _____

Zip: _____

Email: _____

Phone: _____

Emergency Contact: _____

Phone: _____

Employment Status Change:

New Position Title: _____

Termination

Reason:

- Voluntary Quit
- Job Abandonment
- Leave of Absence
- Death
- Terminated by the Company

Specifics:

Did the Employee give notice? Y OR N

Leave type: _____

Return date: _____

Reason: _____

Pay Information Change:

Salary \$ _____ per _____

Hourly Rate \$ _____ per hour

New Deductions? (please enter in "per check" amounts)

Medical Taxable? Y or N Amount \$ _____

Dental Taxable? Y or N Amount \$ _____

Vision Taxable? Y or N Amount \$ _____

401k % _____ or Amount \$ _____

Other: _____ Amount \$ _____

New eligibility for a pay type?

- Bonus
- Commission
- Tips (Cash or Paycheck)
- PTO/Vacation/Sick
- Holiday Pay
- Other: _____

Manager Name: _____

Date: _____

Manager Signature: _____